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## COMPLIANCE ORDER SUMMARY TO BE MADE AVAILABLE IN HOME

Pursuant to the *Retirement Homes Act, 2010* S.O. 2010, Chapter 11, section 90.

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Alavida Lifestyles  
o/a Les Promenades  
110 Rossignol Crescent  
Orleans, ON K4A 0N2

### COMPLIANCE ORDER NO. 2025-N0143-90-01

Under section 90 of the *Retirement Homes Act, 2010* (the “Act”), if the Deputy Registrar of the Retirement Homes Regulatory Authority (the “Deputy Registrar” and the “RHRA”, respectively) believes on reasonable grounds that a licensee has contravened a requirement under the Act the Deputy Registrar may serve an order on a licensee ordering it to refrain from doing something, or to do something, for the purpose of ending the contravention and achieving compliance, ensuring that the contravention is not repeated, and that compliance is maintained. The Deputy Registrar issues this Compliance Order (the “Order”) to require Alavida Lifestyles (the “Licensee”) operating as Les Promenades (the “Home”) to come into and maintain compliance with the Act and Ontario Regulation 166/11 under the Act (the “Regulation”).

### CONTRAVENTION

The Deputy Registrar has reasonable grounds to believe that the Licensee is not in compliance with the following sections of the Act and Regulation

- Sections 14(1)(2)(3)(b)(5), 27(9) of the Regulation & 65(2)(a-h) of the Act – did not ensure that all staff who work in the Home receive the required training.
- Section 23(1)(a-c) of the Regulation – did not develop and implement a written behaviour management strategy.
- Section 62(9)(paragraph 1) of the Act – did not ensure that each resident plan of care is approved by the resident or the substitute decision-maker.
- Section 62(11)(paragraph 1) of the Act – did not ensure that the provision of care services are set out in plans of care.
- Section 62(12)(b) of the Act – did not ensure that residents are reassessed and the plan of care viewed and revised at least every six months and at any other time if the resident’s care needs change.
- Sections 65(4)(5)(paragraph 3 & 4) & 66(1) of the Act - did not ensure that all staff and volunteers who work in the Home receive the required training.
- Section 67(1) of the Act – did not protect residents from abuse.

- Sections 67(4) and 74(a)(i) of the Act – did not ensure that there is a written policy to promote zero tolerance of abuse and neglect of residents and that the policy is complied with. Also did not ensure that every alleged, suspected or witnessed abuse is immediately investigated.
- Section 68(2) of the Act – confined a resident of the Home.
- Sections 69(1) & 69(2)(a)(b)(c)(i)(e)(f) of the Act – Did not follow the requirements for the use of a personal assistance service device, and permitted the use of a personal assistance service device without ensuring it was for the purpose of assisting the resident with a routine activity of living.

## **BRIEF SUMMARY OF FACTS**

The RHRA conducted inspections of the Home on April 15, 2025, and May 28, 2025.

The Home failed to investigate an allegation of abuse of a resident by a member of staff. A resident's bedrails were in use without proper assessment and approval, and several staff had not completed required training. Non-compliance was also identified in relation to behaviour management and the confinement of a resident.

Further non-compliance was identified in relation to initial and annual staff training.

## **REQUIRED ACTION**

Pursuant to section 90 of the Act, the Deputy Registrar orders the Licensee to immediately comply with the following:

1. Within 30 days of this Order, conduct an audit to verify that a behaviour management strategy is in place and implemented for all residents with behaviours that pose a risk of harm to themselves or others and submit the results to the RHRA.
2. Within 30 days of this Order, conduct an audit of all residents with a personal assistance services device in use to confirm compliance with all applicable legislative requirements.
3. Within 45 days of this Order, ensure that all staff and volunteers at the Home complete all required mandatory training.
4. Within 90 days of this order, conduct an audit of all resident plans of care to ensure each resident has been appropriately assessed and that their care plans comply with the requirements of the Act and Regulation and submit the results to the RHRA.
5. Within 90 days of this Order, ensure that all management and direct care staff participate in an education session, provided by a third party acceptable to the RHRA, relating to identifying, preventing, and addressing behaviours that pose a risk of harm to the resident or others in the Home.
6. Within 90 days of this Order, ensure that all management and staff of the Home who provide direct care to residents participate in an education session, provided by a third

party acceptable to the RHRA related to how to investigate and respond to suspected, witnessed or alleged incidents of abuse.

All reports and documentation demonstrating compliance with the above-mentioned required actions must be submitted by email to the RHRA's Compliance Monitor at [enforcement@rhra.ca](mailto:enforcement@rhra.ca).

**Issued on August 21, 2025.**